

SERFF Tracking Number:	CNNB-125527670	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	A-08-7043-AR		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto I.D.		
Project Name/Number:	/		

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Personal Auto I.D.

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: CNNB-125527670 State: Arkansas

SERFF Status: Closed

Co Tr Num: A-08-7043-AR

Co Status:

Author: Matt Terrell

Date Submitted: 03/07/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 05/05/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/05/2008

State Status Changed: 03/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Personal Auto I.D. "make" revised to "manufacture"

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Matt Terrell, Senior Filings Analyst

6200 S. Gilmore Road

matt\_terrell@cinfin.com

(513) 603-5264 [Phone]

<i>SERFF Tracking Number:</i>	<i>CNNB-125527670</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Personal Auto I.D.</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Fairfield, OH 45014

(513) 881-8885[FAX]

**Filing Company Information**

The Cincinnati Insurance Company  
6200 S. Gilmore Rd.  
Fairfield, OH 45014  
(513) 870-2000 ext. [Phone]

CoCode: 10677  
Group Code: 244  
Group Name:  
FEIN Number: 31-0542366

State of Domicile: Ohio  
Company Type:  
State ID Number:

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	03/07/2008	18427870

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	05/05/2008	05/05/2008
Approved	Alexa Grissom	03/18/2008	03/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	03/10/2008	03/10/2008	Matt Terrell	03/17/2008	03/17/2008
Industry						
Response						

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
AUTOMOBIL Form		Matt Terrell	05/01/2008	05/01/2008
E LIABILITY				
I.D. CARD				

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen	Note To Reviewer	Matt Terrell	04/18/2008	04/18/2008

*SERFF Tracking Number:*      *CNNB-125527670*

*State:*      *Arkansas*

*Filing Company:*      *The Cincinnati Insurance Company*

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*TOI:*      *19.0 Personal Auto*

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*Product Name:*      *Personal Auto I.D.*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 05/05/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNNB-125527670	State:	Arkansas
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Company Tracking Number:	A-08-7043-AR		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto I.D.		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	AUTOMOBILE LIABILITY I.D. CARD	Approved	Yes
Form	AUTOMOBILE LIABILITY I.D. CARD	Approved	Yes

*SERFF Tracking Number:*      *CNNB-125527670*

*State:*      *Arkansas*

*Filing Company:*      *The Cincinnati Insurance Company*

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*Product Name:*      *Personal Auto I.D.*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 03/18/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNNB-125527670	State:	Arkansas
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Form	AUTOMOBILE LIABILITY I.D. CARD	Approved	Yes



SERFF Tracking Number: CNNB-125527670 State: Arkansas  
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Product Name: Personal Auto I.D.  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/10/2008  
Submitted Date 03/10/2008  
Respond By Date  
Dear Matt Terrell,

This will acknowledge receipt of the captioned filing. Please advise if the excluded driver would be on the front of the card. If not, please amend the card so that it will be on the front.

Please feel free to contact me if you have questions.

Sincerely,  
Alexa Grissom

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/17/2008  
Submitted Date 03/17/2008

Dear Alexa Grissom,

### Comments:

### Response 1

Comments: Yes, I confirm, the Excluded Driver information prints on the front page.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>CNNB-125527670</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

**Matt Terrell**

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**Amendment Letter**

Amendment Date:  
Submitted Date: 05/01/2008

**Comments:**  
Editorially revised I.D. card to "manufacturer".

Matt Terrell

**Changed Items:**  
**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
AUTOMOBILE LIABILITY I.D. CARD	CPA1403AR	1/08	Certificate	Replaced	CPA1403AR 1/08		0	CPA1403AR 10-08.pdf

*SERFF Tracking Number:*      *CNNB-125527670*      *State:*      *Arkansas*  
*Filing Company:*      *The Cincinnati Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *A-08-7043-AR*  
*TOI:*      *19.0 Personal Auto*      *Sub-TOI:*      *19.0001 Private Passenger Auto (PPA)*  
*Product Name:*      *Personal Auto I.D.*  
*Project Name/Number:*      */*

**Note To Reviewer**

**Created By:**

Matt Terrell on 04/18/2008 09:21 AM

**Subject:**

Reopen

**Comments:**

Alexa,

Can this filing be reopened for an editorial correction. "Manufacturer" is mis-spelled.

thanks

Matt Terrell

513 603-5264

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Product Name:	Personal Auto I.D.		
Project Name/Number:	/		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	AUTOMOBILE LIABILITY I.D. CARD	CPA1403 AR	1/08	Certificate	Replaced	Replaced Form #:0.00 CPA1403AR 1/08 Previous Filing #:		CPA1403AR 10-08.pdf

<p><b>THE CINCINNATI INSURANCE COMPANY 0244-10677</b> <b>AUTOMOBILE LIABILITY I.D. CARD</b></p> <p>State _____ Date Processed _____</p> <p>Policy No. _____ Effective Date _____ Expiration Date _____</p> <p>Insured: _____</p> <p><b>MOTOR VEHICLE INSURED</b></p> <p>Year _____ Manufacturer _____ Vehicle Identification No. _____</p> <p><b>Signature</b> _____</p>	<p><b>KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION</b></p> <p>We can serve you better if you...</p> <ol style="list-style-type: none"><li>1. Report all claims immediately to the police and to your agent.</li><li>2. Get the names, addresses, and telephone numbers of all drivers, owners, and occupants of the other cars involved.</li><li>3. Get the names, addresses, and telephone numbers of any witnesses.</li><li>4. Do not accept responsibility or discuss the accident with anyone except a police officer or a representative of this Company.</li></ol> <p><b>SUPPLEMENTARY PAYMENTS</b></p> <p>This Company agrees, through its Representative or otherwise, to pay premiums or costs on bonds to release attachments, also, the premium on or cost of bail bonds not to exceed the limit per bail bond listed in "supplementary payments" in the policy. The Company has no obligation to apply for or furnish any such bonds.</p> <p>CONSULT YOUR POLICY FOR ACTUAL COVERAGE IN FORCE ON SPECIFIC VEHICLES. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.</p> <p><b>EXCLUDED DRIVERS:</b></p> <p>_____</p>
<p><b>IN CASE YOU HAVE AN ACCIDENT... CALL YOUR AGENT...</b></p> <p><b>The Cincinnati Insurance Company</b> <b>P.O. Box 145496, Cincinnati, OH, 45250-5496</b> <b>(513) 870-2000</b></p> <p><b>CPA1403AR (10/08)</b></p>	<p><b>SERVICE TO YOU IS OUR MAIN CONCERN</b></p>

(place in vehicle)

*SERFF Tracking Number:*      *CNNB-125527670*

*State:*      *Arkansas*

*Filing Company:*      *The Cincinnati Insurance Company*

*State Tracking Number:*      *EFT \$50*

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*TOI:*      *19.0 Personal Auto*

*Sub-TOI:*      *19.0001 Private Passenger Auto (PPA)*

*Product Name:*      *Personal Auto I.D.*

*Project Name/Number:*      */*

## **Rate Information**

Rate data does NOT apply to filing.

*SERFF Tracking Number:* CNNB-125527670

*State:* Arkansas

*Filing Company:* The Cincinnati Insurance Company

*State Tracking Number:* EFT \$50

*Company Tracking Number:* A-08-7043-AR

*TOI:* 19.0 Personal Auto

*Sub-TOI:* 19.0001 Private Passenger Auto (PPA)

*Product Name:* Personal Auto I.D.

*Project Name/Number:* /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

03/18/2008

**Comments:**

**Attachment:**

#CIC P&CTransmittal.pdf



# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

<b>5. Company Tracking Number</b>	<b>A-08-7043-AR</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Matt Terrell

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Private Passenger Auto
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Personal Auto Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 10/1/08                      Renewal: 10/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

20. This filing transmittal is part of Company Tracking #	A-08-7043-AR
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
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CPA1403AR (10/08) replaces CPA1403AR (1/08)  
AUTOMOBILE LIABILITY I.D. CARD revises "make" to "manufacture"

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]	
-----	---	--

**Check #:** EFT  
**Amount:** 50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

Effective March 1, 2007

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	AUTOMOBILE LIABILITY I.D. CARD	03/07/2008	CPA1403AR 10- 08.pdf

<p align="center"><b>THE CINCINNATI INSURANCE COMPANY 0244-10677</b></p> <p align="center"><b>AUTOMOBILE LIABILITY I.D. CARD</b></p> <p>State _____ Date Processed _____</p> <p>Policy No. _____ Effective Date _____ Expiration Date _____</p> <p>Insured: _____</p> <p align="center"><b>MOTOR VEHICLE INSURED</b></p> <p>Year _____ Manufacture _____ Vehicle Identification No. _____</p> <p><b>Signature</b> _____</p>	<p align="center"><b>KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION</b></p> <p>We can serve you better if you...</p> <ol style="list-style-type: none"> <li><b>1.</b> Report all claims immediately to the police and to your agent.</li> <li><b>2.</b> Get the names, addresses, and telephone numbers of all drivers, owners, and occupants of the other cars involved.</li> <li><b>3.</b> Get the names, addresses, and telephone numbers of any witnesses.</li> <li><b>4.</b> Do not accept responsibility or discuss the accident with anyone except a police officer or a representative of this Company.</li> </ol> <p align="center"><b>SUPPLEMENTARY PAYMENTS</b></p> <p>This Company agrees, through its Representative or otherwise, to pay premiums or costs on bonds to release attachments, also, the premium on or cost of bail bonds not to exceed the limit per bail bond listed in "supplementary payments" in the policy. The Company has no obligation to apply for or furnish any such bonds.</p> <p>CONSULT YOUR POLICY FOR ACTUAL COVERAGE IN FORCE ON SPECIFIC VEHICLES. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.</p> <p align="center"><b>EXCLUDED DRIVERS:</b></p>
<p align="center"><b>IN CASE YOU HAVE AN ACCIDENT... CALL YOUR AGENT...</b></p> <p><b>The Cincinnati Insurance Company</b></p> <p><b>P.O. Box 145496, Cincinnati, OH, 45250-5496</b></p> <p><b>(513) 870-2000</b></p> <p align="right"><b>CPA1403AR (10/08)</b></p>	<p align="center"><b>SERVICE TO YOU IS OUR MAIN CONCERN</b></p>

(place in vehicle)